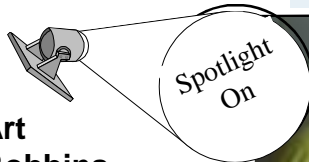




Employee News

July 2003

News and Information for Families of individuals at Muscatatuck SDC and Madison State Hospital during the transition to community-based services.



Art Robbins Attends Barber College

Art Robbins recently began attending barber college. His search for a place to learn barbering began with a letter to the Indiana Barber College in Indianapolis. Much to his surprise, the school was no longer in operation. He then sent a request for available training institutions to the Indiana Professional Licensing Agency. He received a list of 17 different options. Research and prioritizing led Art to choose Kenny's Academy of Barbering in Indianapolis.

New barriers surfaced when he received his application from Kenny's. The price was over the available funds; the distance was about 100 miles each way and he would need to complete 1,500 hours of work over nine to twelve months. All this while continuing to work as a DST at Muscatatuck State Developmental Center.

Art was accepted and began trips to Indianapolis four days a week for school. He covers much of the expenses himself and plans to complete his training by the end of the year. Upon completion, Art plans to move his mother to Tennessee to be closer to family and to begin his new career as a barber.



FSSA Secretary Hamilton Responds To Your Questions

(Continued from June 2003 Q & A on the Central State Hospital (CSH) Closure Evaluation Project.)

Q What is the well being and quality-of-life of consumer residents transitioned from a state-operated facility (SOF) into home and community-based care? And, how is their well being and quality-of-life measured?

A According to Dr. Eric R. Wright, Associate Professor of Sociology at IUPUI and Project Director for the Central State Hospital (CSH) Closure Evaluation Project, the survey data gathered from former CSH consumers indicates that they feel much better about their lives after leaving CSH. This is based on annual surveys conducted during the first five years following their discharge from CSH. Using standardized instruments designed to assess quality-of-life, psychological well being, and satisfaction with services, the research team led by Dr. Wright, finds that — regardless of whether a client was discharged to a community facility or to another SOF — the consumers felt they were much better off than they were at CSH. Indirect measures reflect other positive changes in these consumers' lives. They report having larger support networks in the community. And, the number of individuals who are employed has also increased since leaving CSH. In 2004, the research team plans to re-

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(Q&A, continued from page 1)

interview these individuals and ask the same battery of questions. This will enable researchers to evaluate the long-term impact of deinstitutionalization and the extent that consumer hopes for reintegration into the community have been achieved.

Q How do the deaths of those released from a state-operated facility into home and community-based care compare to the deaths of the general population?

A As of March 2003, 70 (18.0%) of the former CSH patients had died, and public concern about the high mortality rate remains strong. While the mortality rate is, in fact, higher than the Indiana unadjusted all-cause mortality rate, the research team's analysis of causes of death suggest that most of the deaths were the result of physical ailment, many of which were evident at the time of discharge from CSH. Further, Dr. Wright's analysis of the death records indicates that there have been fewer deaths that can be attributed to service-related problems over the past 8 years than occurred in the one year period prior to the decision to close CSH. It is also difficult to compare the CSH cohort's mortality rate with that of other SOFs because of the dramatic changes in the typical length of stay in SOFs since 1994. Ultimately, while the mortality rate should be a cause for public concern, there is little scientific evidence to suggest that continued institutionalization of these individuals would have delayed their deaths.

The evaluation concludes that it is important to keep in mind that - in the past - mental illness consumers were often placed in SOFs specifically to make sure that they received care for serious chronic physical health problems. Hence, the higher mortality rate may be an outcome of a



Message From Nikki Morrell

Planning and decision-making continue for the Southeast Regional Center (SERC) in Madison. Bids for construction have been

submitted, and we await final approval of the chosen construction company. We are working diligently on the organizational structure for Southeast Regional service delivery. It is critical to the success of regionalization that we evaluate current services and continue to fill in gaps. Building the regional services structure is like the construction of the SERC: keep what is working and make change - as evaluations are quickly made of gaps and needs. We know that constant improvement in any endeavor is necessary, and we strive to avoid the duplication of services. Next month I will have more information for you. I have great confidence in our future success.



(Q&A, continued)

higher prevalence of significant health problems as well as problems in accessing primary health care services. Historically, consumers of mental health services, like many underinsured and disadvantaged Americans, have had limited access to primary health care services, a situation that - according to Dr. Wright - is likely to intensify in the coming years with recent challenges in state and federal funding for Medicaid and Medicare.

A handwritten signature in blue ink, appearing to read "J. Hamilton".



Key Priorities

To be achieved by June 30, 2005

FSSA Works for Hoosiers

At FSSA, our mission is clear: to help Indiana's children, families, adults and seniors be safe and healthy--and as independent and self-sufficient as possible.

Expand home and community-based services for an additional:

- 1,000 senior citizens
- 1,000 people with developmental disabilities
- 800 troubled children
- 480 people with mental illness

Prevent problems and build self-sufficiency

- Healthy Families: screen 90% of births; offer services to 100% of at-risk families; ensure that 99% participants have no substantiated abuse or neglect
- First Steps: serve 18,000 children, with 95% achieving documented developmental gain
- Public Assistance: Increase earnings and savings of families by 15 percent
- Supported employment: Meet or exceed the national average for people with disabilities or severe mental illness
- Long term care insurance: Help 15,000 Hoosiers acquire new policies

Keep Hoosiers healthy and safe

- Hoosier Healthwise: More than half of children will receive at least five well child visits from birth to 15 months
- Chronic disease management: Medicaid clients who have asthma, congestive heart failure, diabetes and HIV/AIDS will achieve specific clinically measurable improvements each year
- Hoosier Rx: Double enrollment to 30,000

Accountability

- Publish, implement and operate with consistent metrics throughout FSSA to assess and improve quality and effectiveness of services
- Earn a top five national rating for efficient use of information technology in a social services agency





Keep In Mind

Indiana Protection & Advocacy Services
**317-722-5555 or
1-800-622-4845**

Div. of Disability, Aging & Rehab
Services:
800-545-7763

Div. of Mental Health & Addiction:
800-901-1133

MSDC/MSH Info Hot Line:
800-903-9822

Ombudsman: **800-622-4484**

Inside This Issue

- FSSA Key Priorities
- FSSA Secretary Hamilton Responds to Your Questions
- Message from Nikki Morrell
- Spotlight on Art Robbins

Future Issues

- ♦ Resources
- ♦ Your Ideas

Hope is the thing with feathers--
that perches in the soul--and
sings the tune without the words--
and never stops-at all--

Emily Dickinson



The Web site for FSSA is
receiving a much needed 'face-
lift.' You may not recognize it
at first glance.

This newsletter, along with
previous editions, may be
viewed at:

www.in.gov/fssa/transition

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Indianapolis, IN 46207-7083

NAME
ADDRESS
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